

# EXHIBIT B

# ASBESTOS SCREENING PACKET

Confidential Attorney-Client Work Product

Cascino Vaughan Law Offices, Ltd.

1-800-783-0081

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## 1. Claimant Information:

Name:

Last: O'KEEFE First: ROBERT Middle Initial: V.Social Security Number: [REDACTED] 3060 Date of Birth: [REDACTED] 1937Gender: ☒ Male ☐ Female (If deceased) Date of Death:     /     /    Address: 903 S. 17th ST.City: PEKIN State: IL Zip Code: 61554County of Residence: Tazewell Telephone # (809) 353-9038Marital Status: If Married: Spouse's Last Name: O'KEEFE☒ Married☐ Widowed☐ Divorced☐ Separated☐ UnmarriedFirst Name: NADRA Middle Initial: LSpouse's Social Security Number: [REDACTED] 9704Spouse's Date of Birth: [REDACTED] 1942Number of Financial Dependents (including spouse if applicable):    

### Please list below all beneficiaries:

1.) Name: Mary Reynolds DOB: [REDACTED] 1963 SSN: [REDACTED] -4495Address: 1009 So 8th St. Relationship to Claimant: DaughterCity: Peoria State: IL Zip: 61554Is this person a financial dependant? ☐ Yes ☒ No2.) Name: Cynthia Nash DOB: [REDACTED] 1959 SSN: [REDACTED] 7971Address: P.O. Box 509 Relationship to Claimant: DaughterCity: Tremont State: IL Zip: 61568Is this person a financial dependant? ☐ Yes ☒ No3.) Name: MARK O'KEEFE DOB: [REDACTED] 1961 SSN: [REDACTED] -5206Address: P.O. Box 1580 Relationship to Claimant: SonCity: Tremont State: IL Zip: 61568Is this person a financial dependant? ☐ Yes ☒ No

Please provide the same information for any additional beneficiaries on a separate sheet.

## 2. Medical History:

Has a physician ever diagnosed you with any of the following? (check all that apply)

Asbestos-related diseases:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asbestosis                     | <input type="checkbox"/> Asbestos-Related Pleural Disease      | <input type="checkbox"/> Colo-Rectal Cancer |
| <input checked="" type="checkbox"/> Primary Lung Cancer | <input type="checkbox"/> Malignant Mesothelioma (not Melanoma) | <input type="checkbox"/> Esophageal Cancer  |
| <input type="checkbox"/> Laryngeal Cancer               | <input type="checkbox"/> Throat Cancer                         | <input type="checkbox"/> Pharyngeal Cancer  |
| <input type="checkbox"/> Stomach Cancer                 | <input type="checkbox"/> Small Intestine Cancer                | <input type="checkbox"/> Colon Cancer       |
| <input type="checkbox"/> Rectal Cancer                  |  |   |

Date Disease was Diagnosed: 12/23/2004

Non-asbestos-related diseases:

- ☒ Emphysema      ☐ Parkinson's Disease      ☐ Chronic Obstructive Pulmonary Disease (COPD)

☐ Any Other Cancer(s): \_\_\_\_\_

Date Disease was Diagnosed: 1/12000

☐ I have never been diagnosed with any of the above mentioned diseases

Primary Care Physician: Dr. John Barr

Dr. Stephen A. Cullinan - R.A.C.P.

Address: \_\_\_\_\_ Phone: 309-353-0214

600 South 13<sup>th</sup> St.  
City: Pekin State: IL Zip: 61554

## 3. Personal Representative (if claimant is deceased):

Last Name: O'Keefe First Name: Nadra Middle Initial: L

Social Security Number: \_\_\_\_\_ Date of Birth: 11/9/42

Relationship to Claimant: Wife

## 4. Employment History:

Primary Occupation: Keystone Wire Mill From: 1955 To: 1991

Secondary Occupation: St. Joseph Church From: 1999 To: 2004

What is your current employment status (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time outside the home | <input type="checkbox"/> Full-time within the home |
| <input type="checkbox"/> Part-time outside the home | <input type="checkbox"/> Part-time within the home |
| <input checked="" type="checkbox"/> Retired         | <input type="checkbox"/> Disabled                  |

What was the year you last earned a wage? \_\_\_\_\_

What was the approximate amount of your wage when last working? \_\_\_\_\_

\$ \_\_\_\_\_ .00 per (circle one:) Hour / Week / Month / Year

Do you receive a pension? ☒ Yes ☐ No

If yes, how much money do you receive monthly? \$ 1200.<sup>00</sup>

## 5. Exposure History:

Have you ever worked around asbestos? ☒ Yes ☐ No

What do you think is the first year you worked with or around asbestos: 1960

What do you think was the last year you worked with or around asbestos: 1976

In which of the following locations do you believe you were exposed to asbestos during the 1950's, 1960's, and/or 1970's? (Check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Powerhouses                      | <input type="checkbox"/> Chemical plants | <input type="checkbox"/> Refineries                      | <input checked="" type="checkbox"/> Iron/Steel Mills |
| <input type="checkbox"/> Shipyards                        | <input type="checkbox"/> Breweries       | <input type="checkbox"/> Paper Mills                     | <input type="checkbox"/> Manufacturing Plants        |
| <input type="checkbox"/> Railroads                        | <input type="checkbox"/> Auto-Industry   | <input type="checkbox"/> Construction Sites (commercial) |  |
| <input type="checkbox"/> Construction Sites (residential) |  |  |  |
| <input type="checkbox"/> Other : _____                    |  |  |  |

In which state(s) do you believe you were exposed to asbestos:

☒ Illinois ☐ Indiana ☐ Wisconsin ☐ Others: \_\_\_\_\_

Check any of the following activities that went on around you at the sites you worked:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Tear-out | <input type="checkbox"/> Demolition          | <input checked="" type="checkbox"/> Renovation |
| <input type="checkbox"/> New Construction    | <input checked="" type="checkbox"/> Clean-up |  |

Did you ever work around Turbines? ☐ Yes ☒ No

If yes, please check the box next to manufacturers of turbines used at your work sites.

Manufacturers:

☐ Westinghouse ☐ General Electric ☐ Other(s): \_\_\_\_\_

Did you ever work around Boilers? ☐ Yes ☒ No

If yes, please check the box next to manufacturers of boilers used at your work sites.

Manufacturers:

<input type="checkbox"/> Babcock & Wilcox	<input type="checkbox"/> Kewanee
<input type="checkbox"/> Combustion Engineering	<input type="checkbox"/> Other(s): _____
<input type="checkbox"/> Foster Wheeler	

Check the types of products used at any of the sites you worked:(check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Textiles, Felts, or Cloth                       | <input type="checkbox"/> Electrical Products |
| <input type="checkbox"/> Protective Clothing                             | <input type="checkbox"/> Chemical Adhesives  |
| <input type="checkbox"/> Wallboard, Wall Covering, Lumber                | <input type="checkbox"/> Filters             |
| <input type="checkbox"/> Roofing, Shingles, Siding                       | <input type="checkbox"/> Welding Products    |
| <input checked="" type="checkbox"/> Cement Boards/Sheets                 | <input type="checkbox"/> Floor Tile          |
| <input type="checkbox"/> Raw Asbestos Fiber                              | <input type="checkbox"/> Cork Products       |
| <input checked="" type="checkbox"/> Asbestos Paper, Rollboard, Millboard | <input type="checkbox"/> Home Use Products   |

- |  |  |
|--|--|
| <input type="checkbox"/> Pipe Coverings and Block                                      | <input type="checkbox"/> Cement/Plastic Pipe             |
| <input type="checkbox"/> Friction/Automotive Materials                                 | <input checked="" type="checkbox"/> Hot Tops/Steelmaking |
| <input type="checkbox"/> Cements, Adhesives, Boiler Coatings                           | <input type="checkbox"/> Refractory Products             |
| <input type="checkbox"/> Gaskets, Packing, Sheets, Rope, Wick, Cord, Tape              |  |
| <input type="checkbox"/> Plasters, Protective Coating, Fireproofing, Compounds, Paints |  |

How and where do you think you were exposed to asbestos during the 1950's, 1960's and/or 1970's? (Example: We would remove pipe-wrap in the boiler room before cutting into pipes and breathe in falling particles.)

We would mix up asbestos in a wheel barrel  
to spread it on the outside of the brick  
(thermal flake) to keep the heat inside

### 6. Smoking History:

Have you ever been a regular cigarette smoker? ☒ Yes ☐ No  
 Are you currently a cigarette smoker? ☐ Yes ☒ No

First Year Smoking: 1956 Last Year Smoking: 2000

While Smoking how many packs-per-day did you average? 1 1/2

☐ 0-1/2 ☐ 1/2-1 ☐ 1 ☐ 1-1 1/2 ☒ 1 1/2-2 ☐ 2 ☐ More: 1 1/2 packs-per-day

### 7. Union History:

Have you ever been a union member? ☒ Yes ☐ No  
 If yes:

- Union Name (i.e. Laborers', Electrical Workers, etc.):

Independent Steelworkers Alliance

Local #: \_\_\_\_\_ City: Baton Rouge State: LA

- Union Name (i.e. Laborers', Electrical Workers, etc.):

\_\_\_\_\_

Local #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been a union officer? ☐ Yes ☒ No

If yes, what position(s) have you held? \_\_\_\_\_ At which local? \_\_\_\_\_

### 8. Coworker Information:

In this section we are asking for information that could lead us to people that may have knowledge that could support your possible claims. Please list as much information as you can regarding coworkers who are currently living.

1. Coworker's Name: Duane Ivey

Coworkers Phone Number: (309) 543-6579

Street Address: RR 2 Sherwood Forest Rd.

City: Havana State: IL Zip: 62644

2. Coworker's Name: Dick Ulrich

Coworkers Phone Number: (309) 266-9108

Street Address: 722 Detroit Ave.

City: Morton State: IL Zip: 61550

Feel free to list additional co-workers on a separate sheet of paper.

Do you know any individuals responsible for ordering products (Purchasing Agents) used at any of the sites at which you worked during the 50's, 60's, 70's or 80's?

☐ Yes (If yes, someone from our office may contact you regarding contacting this individual.)

☒ No